

Application For Use Of Arkansas State Capitol Facilities

Canceled Date No Show

Office of the Secretary State State Capitol

Little Rock, Arkansas 72201-1094 Office: (501) 682-6244 • Fax: (501) 683-1919 E-mail: leighanne.harvey@sos.arkansas.gov

Availability is determined on a first come, first served basis. In order to allow sufficient time for planning and staff scheduling, this completed application shall be received by the Arkansas Secretary of State's Event Coordinator no later than 30 days prior to the date of the event. Signature of applicant attending event is required. Events are subject to cancellation by the Arkansas Secretary of State's Office based on required staffing. (The 30 day requirement may be waived if the person requesting the event is an Arkansas State Elected Official, tenant of the Arkansas State Capitol and/or designated Governor's Cabinet Secretary/Arkansas State Agency director unless time requested conflicts with another previously scheduled event. PLEASE NOTE: Signature is required by the Arkansas State Elected Official, tenant of the Arkansas State Capitol and/or designated Governor's Cabinet Secretary/Arkansas State agency director who must be in attendance for entire event.)

APPLICATION INFORMATION				_					
Name of Organization:				_					
Name of Contact Person:									
Mailing Address:				_					
Mailing Address:									
City:	State:		ZIP:	_					
Phone Number:	Fax Number:		E-Mail Address:						
				_					
EVENT INCORMATION (2)									
EVENT INFORMATION (Please provide a Name of Event:	tentative schedule of e	events)							
Name of Event:									
Two of Frank									
Type of Event:		_							
Musical Performance Rally News Conference									
Photo Shoot Parade (Include Route) Display									
	(moldde reddie)	ызріау							
Brief Description of Event:									
Event Date:		Date Application is Submi	itted:						
Event Date: Date Application is Submitted:									
Pre-Access Time: (NOT BEFORE 9:00 A.M.)	Event Start Time:		Event End Time:						
,									
Approximate Number Attending:									
				_					
LOCATION									
First Floor Third Floor	Front St	eps Picr	nic Area Monuments						
Second Floor Rotunda Fourth Floor	Other (S	pecify)							

FURNISHING / STAGING EQU	IPMENT NEEI	DED (Please in	dicate q	uantity where	appropriate	e)	
Chairs		Easels		Ta	ables		Power
		1					
PA System		Podium			rash ans		
Note: The event organizer is event. Chairs and tables must Facilities Staff are not on duty must be removed from the buand after the event.	t be returned	I to their rack or events, no	s. Thi tables	s applies of or chairs	only to ever are availa	ents that o	ccur when Capitol rash accumulated
Will deliveries be made?	/N	What wi	ll be de	elivered?			
Name and phone number of com	pany making o	delivery:					
SEATING ARRANGEMENT Describe Any Special Seating Arrangement	nt:						
ELECTRICAL REQUIREMENT Describe Any Electrical Needs You May H SPECIAL SETUPS List Any Special Setup Items That Will Be	ave:	Capitol Grounds	(Signs, E	anners, etc.)			
Return this form to: Leighanne Harvey, Events Coordina Arkansas Secretary of State Capitol Facilities Division 500 Woodlane Street, State Capitol Little Rock, Arkansas 72201-1094							
Office: (501) 682-6244 Fax: (501) E-mail: leighanne.harvey@sos.arka I understand that approval is cont of all events. I have completed thi Guidelines provided me regarding be forfeited if I fail to comply, and alternate event locations.	tingent upon avis form to the bevents held at	est of my know the Arkansas S	vledge, state Ca	and have re pitol. I unde	ead and agr erstand my	ee to abide b deposit, <u>IF A</u>	by the Capitol Events NY REQUIRED, may
Signature of Applicant			Date			Da	Denied
Attendence Verification of App	plicant: (time	in:)	(time out	:	<u>Da</u>	
	(initia	ls:)	(initials:)	

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